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To: Examiner Jonathan P. Ouellette
Group Art Unit: 3629

From: John S. Sensny

Fax: 703-872-9326

Pages: 17 pages including cover sheet

Phone:

Date: 6/14/2004

Re: U.S. Serial No. 09/706,645

CC:

Group Art Unit: 3629

Confirmation No: 8227

Docket No. YOR920000454US1 (13808)

AMENDMENT UNDER 37 C.F.R. §1.116

• Comments:

Transmitted herewith are:

1. Certificate of Transmission By Facsimile (in duplicate)
2. Amendment Transmittal Letter (in duplicate)
3. Amendment Under 37 C.F.R. §1.116

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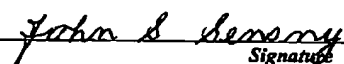
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Dimitri Kanevsky, et al.			YOR920000454US1 (13808)
Serial No. 09/706,645	Filing Date November 6, 2000	Examiner Jonathan P. Ouellette	Group Art Unit 3629
Invention: VOLUNTEER NETWORK SUPPORT GROUP FOR PEOPLE WITH DISABILITIES			
Confirmation No.: 8227			
<p>I hereby certify that this <u>AMENDMENT UNDER 37 C.F.R. §1.111</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u> on <u>June 14, 2004</u> (Date)</p> <p><u>John S. Sensny</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>John S. Sensny</u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

P18/REV01

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. YOR920000454US1 (13808)		
Applicant(s): Dimitri Kanevsky, et al.					
Serial No. 09/706,645	Filing Date November 6, 2000	Examiner Jonathan P. Ouellette	Group Art Unit 3629		
Invention: VOLUNTEER NETWORK SUPPORT GROUP FOR PEOPLE WITH DISABILITIES					
Confirmation No.: 8227					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
_____ John S. Sensny Registration No. 28,757 Correspondence Address Customer No. 23389			Dated: June 14, 2004		
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P11LARGE/REV08

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. YOR920000454US1 (13808)	
Applicant(s): Dimitri Kanevsky, et al.					
Serial No. 09/706,645	Filing Date November 6, 2000	Examiner Jonathan P. Ouellette	Group Art Unit 3629		
Invention: VOLUNTEER NETWORK SUPPORT GROUP FOR PEOPLE WITH DISABILITIES					
Confirmation No.: 8227					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
  _____ John S. Sensny Registration No. 28,757 Correspondence Address Customer No. 23389			Dated: June 14, 2004		
CC:			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22312-1450.</p><hr/><p style="text-align: center;">Signature of Person Mailing Correspondence</p><hr/><p style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</p></div>		

P11LARGE/REV06

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Response Under 37 C.F.R. §1.116
Expedited Procedure Examining
Examining Group 3629

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicants:** Dimitri Kanevsky, et al.**Examiner:** Jonathan P. Ouellette**Serial No:** 09/706,645**Art Unit:** 3629**Filed:** November 6, 2000**Docket:** YOR920000454US1 (13808)**For:** VOLUNTEER NETWORK SUPPORT
GROUP FOR PEOPLE WITH DISABILITIES**Dated:** June 14, 2004**Confirmation No.:** 8227

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.116

Dear Sir:

In response to the Office Action dated April 6, 2004, please amend the subject patent application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: June 14, 2004


John S. Sensny